

MAIN STUDY - ROUND 16  
COMMUNITY COMPONENT  
HHS. HOME HEALTH UTILIZATION SUMMARY

NOTE: All changes made to Home Health during Round 11 that were related to the Home Care Client supplement and the telephone home health provider survey have been removed.

*The HHS Section immediately precedes HH1.*

*HHS1 will be asked for each home health provider of Type 8 reported as having provided services at home to the SP in the previous round's reference period.*

BOX HHS1	IF EXIT INTERVIEW AND PREVIOUS INTERVIEW <u>NOT</u> SKIPPED, GO TO <b>BOX MP1A</b> . IF ANY HOME HEALTH UTILIZATION REPORTED AT HH1, HH17, HHS1, ST10 (TYPE 8), NS7 (TYPE 8) OR UTS FOR PREVIOUS ROUND, GO TO HHS1. OTHERWISE, SKIP TO <b>BOX HHS2</b> .
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HHS1. We recorded that (you/SP) had been helped at home by (someone from) (READ PROVIDER BELOW) between (PREVIOUS ROUND START DATE) and (PREVIOUS ROUND END DATE). Has (anyone from) (READ PROVIDER BELOW) helped (you/SP) **at home** (since CURRENT ROUND REFERENCE DATE/between CURRENT ROUND REFERENCE DATE and DATE OF DEATH/ INSTITUTIONALIZATION)?

[HH5/ST9 PROVIDER (HH2/ST9 PROVIDER)]

[HH2/ST9 PROVIDER]

**PROFPROB**

YES ..... 1 **BOX HHS3**  
 NO ..... 2 **BOX HHS5**  
 REFUSED ..... -7 **BOX HHS5**  
 DON'T KNOW ..... -8 **BOX HHS5**  
 HOME HEALTH ENTERED IN ERROR  
 IN PREVIOUS ROUND ..... 3 **BOX HHS5**

BOX HHS2	IF ANY HOME HEALTH UTILIZATION REPORTED AT HH18, HH29, HHS2, ST10 (TYPE 9), NS7 (TYPE 9) OR UTS FOR PREVIOUS ROUND, GO TO HHS2. OTHERWISE, SKIP TO HH1.
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*HHS2 will be asked for each home health provider of Type 9 reported as having provided services at home to the SP in the previous round's reference period.*

- HHS2. We recorded that (you/SP) had received personal care or help with daily needs at home from (someone from) (READ PROVIDER BELOW) between (PREVIOUS ROUND START DATE) and (PREVIOUS ROUND END DATE). (Have you/Has SP) received personal care or help with daily needs at home from (anyone from) (READ PROVIDER BELOW) (since CURRENT ROUND REFERENCE DATE/between CURRENT ROUND REFERENCE DATE and DATE OF DEATH/ INSTITUTIONALIZATION)?

[HH24/ST9 PROVIDER (HH19/ST9 PROVIDER)]

[HH19/ST9 PROVIDER]

<b>FRNDPROB</b>	YES .....	1	<b>BOX HHS3</b>
	NO .....	2	<b>BOX HHS5</b>
	REFUSED .....	-7	<b>BOX HHS5</b>
	DON'T KNOW .....	-8	<b>BOX HHS5</b>
	HOME HEALTH ENTERED IN ERROR IN PREVIOUS ROUND .....	3	<b>BOX HHS5</b>

BOX HHS3	IF HH6/HH25 = 2 IN PREVIOUS ROUND, ASK HHS3. OTHERWISE, SKIP TO <b>BOX HHS4</b> .
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BOX HHS3A OMITTED.

- HHS3. Since (CURRENT ROUND REFERENCE DATE), has (PROVIDER) provided any services to (you/SP) other than delivering meals?

<b>OTHMEALS</b>	YES .....	1	<b>BOX HHS4</b>
	NO .....	2	<b>BOX HHS5</b>
	REFUSED .....	-7	<b>BOX HHS5</b>
	DON'T KNOW .....	-8	<b>BOX HHS5</b>

BOX HHS4	ASK HH11-HH15 FOR CURRENT ROUND REFERENCE PERIOD, THEN GO TO <b>BOX HHS5</b> .
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BOX HHS5	IF COMING FROM HHS1: RETURN TO HHS1 FOR NEXT ELIGIBLE HOME HEALTH PROVIDER, ELSE GO TO <b>BOX HHS2</b> . IF COMING FROM HHS2: RETURN TO HHS2 FOR NEXT ELIGIBLE HOME HEALTH PROVIDER, ELSE GO TO HH1.
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